

## **APPLICATION DATA SHEET**

### **Application Information**

<b>Application Number::</b>	<i>To Be Assigned</i>
<b>Filing Date::</b>	March 26, 2004
<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested Classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	
<b>Number of CD Disks::</b>	
<b>Number of Copies of CDs::</b>	
<b>Sequence Submission?::</b>	Yes
<b>Computer Readable Form (CFR)?::</b>	Yes
<b>Number of Copies of CFR::</b>	2
<b>Title::</b>	DETECTION OF NUCLEIC ACID SEQUENCE VARIATIONS USING PHASE MU TRANSPOSASE
<b>Attorney Docket Number::</b>	31978-201641
<b>Request for Early Publication?::</b>	
<b>Request for Non-Publication?::</b>	
<b>Suggested Drawing Figure::</b>	1A-1A-c, 1B-1D, 2A-2B, 3, 4A-4B, and 5
<b>Total Drawing Sheets::</b>	6
<b>Small Entity?::</b>	No
<b>Latin Name::</b>	
<b>Variety Denomination Name::</b>	
<b>Petition Included?::</b>	
<b>Petition Type::</b>	
<b>Licensed US Govt. Agency::</b>	National Institutes of Health
<b>Contract or Grant Numbers::</b>	
<b>Secrecy Order in Parent Appl.::</b>	

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** Japanese  
**Country::** Japan  
**Status::** Full Capacity  
**Given Name::** Katsuhiko  
**Middle Name::**  
**Family Name::** YANAGIHARA  
**Name Suffix::**  
**City of Residence::** Kyoto  
**State or Province of Residence::** Japan  
**Country of Residence::** Japan  
**Street of Mailing Address::** Parerowaiaru-Shogoin 106, Nishi-Fukunokawa-cho  
16  
**City of Mailing Address::** Sakyo-ku  
**State or Province of Mailing Address::** Kyoto  
**Country of Mailing Address::** JAPAN  
**Postal or Zip Code of Mailing Address::** 606-8326

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** Japanese  
**Country::** Japan  
**Status::** Full Capacity  
**Given Name::** Kiyoshi  
**Middle Name::**  
**Family Name::** MIZUUCHI  
**Name Suffix::**  
**City of Residence::** Rockville  
**State or Province of Residence::** Maryland  
**Country of Residence::** U.S.A.

**Street of Mailing Address::** 7 Farsta Court  
**City of Mailing Address::** Rockville  
**State or Province of Mailing Address::** Maryland  
**Country of Mailing Address::** U.S.A.  
**Postal or Zip Code of Mailing Address::** 20850

**Applicant Authority Type::** Inventor  
**Primary Citizenship::**  
**Country::**  
**Status::** Full Capacity  
**Given Name::**  
**Middle Name::**  
**Family Name::**  
**Name Suffix::**  
**City of Residence::**  
**State or Province of Residence::**  
**Country of Residence::**  
**Street of Mailing Address::**  
**City of Mailing Address::**  
**State or Province of Mailing Address::**  
**Country of Mailing Address::**  
**Postal or Zip Code of Mailing Address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::**  
**Country::**  
**Status::** Full Capacity  
**Given Name::**  
**Middle Name::**

**Family Name::**

**Name Suffix::**

**City of Residence::**

**State or Province of Residence::**

**Country of Residence::**

**Street of Mailing Address::**

**City of Mailing Address::**

**State or Province of Mailing  
Address::**

**Country of Mailing Address::**

**Postal or Zip Code of Mailing  
Address::**

### **Correspondence Information**

**Correspondence Customer  
Number::** 26694

**Phone Number::** (202) 344-4000

**Fax Number::** (202) 344-8300

**E-Mail Address::**

### **Representative Information**

**Representative Customer  
Number::** 26694

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>This application</b>	<b>Non-Provisional of</b>	<b>60/457,934</b>	<b>March 28, 2003</b>
	<b>Continuation of</b>		
	<b>Continuation of</b>		
	<b>Continuation of</b>		

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

## Assignee Information

**Assignee Name::** The Government of the United States of America,  
as represented by the secretary, Department of  
Health and Human Services

**Street of Mailing Address::** National Institutes of Health  
Office of Technology Transfer  
6011 Executive Boulevard, Suite 325

**City of Mailing Address::** Rockville

**State or Province of Mailing Address::** Maryland

**Country of Mailing Address::** U.S.A.

**Postal or Zip Code of Mailing Address::** 20852-3804

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